

SUBMITTER: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
JUL 06 2016
Bayfield Co. Zoning Dept

ENTERED

Permit #:	16-0217
Date:	7-26-16
Amount Paid:	\$180
Refund:	7-26-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>CEALIS KOZAL</u>	Mailing Address: <u>4529 VICTORIA RD #9</u>	City/State/Zip: <u>the 60 WI</u>	Telephone: <u>612-616-0442</u>
Address of Property: <u>51069 St. Hwy 27</u>	City/State/Zip: <u>50144 SPENCER WI 54873</u>	Contractor Phone: <u>715-828-2434</u>	Plumber Phone: <u>612-616-0442</u>
Contractor: <u>WITKENS BUILDINGS</u>	Agent Phone: <u>715-828-2434</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Recorded Document: (i.e. Property Ownership) Volume <u>1135</u> Page(s) <u>955</u>		
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>1539</u>	Subdivision: <u>1135</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1135</u> Page(s) <u>955</u>
Section <u>5</u> , Township <u>44</u> N, Range <u>9</u> W	Gov't Lot <u>6</u> Lot(s) <u>2</u> CSM <u>159</u> Vol & Page <u>W/1205</u> Lot(s) No. <u>1</u> Block(s) No. <u>1</u>	Lot Size <u>1.61</u>	Acres <u>1.61</u>
Shoreland → <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: <u>700+</u> feet	Distance Structure is from Shoreline: <u>700+</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	Distance Structure is from Shoreline: <u>700+</u> feet	Distance Structure is from Shoreline: <u>700+</u> feet	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$100,000</u>	Project <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	What Type of Sewer/Sanitary System is on the property? <input checked="" type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONV</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet <input checked="" type="checkbox"/> None	Water <input type="checkbox"/> City <input type="checkbox"/> Well <input checked="" type="checkbox"/> No
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Existing Structure: (if permit being applied for is relevant to it)	Length: <u>80</u>	Width: <u>34</u>	Height: <u>12</u>
Proposed Construction:	Length: <u>80</u>	Width: <u>34</u>	Height: <u>12</u>

Proposed Use <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use	Proposed Structure <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	Dimensions <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	Square Footage <input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)
<input type="checkbox"/> Municipal/Accessory <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) <input type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

* Owner(s): Witkens Buildings
(if there are multiple owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

* Date 05/16/16

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 13865 98th Ave Chippewa Falls WI 54729
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED SITE PLAN

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of <u>Eastment Road</u>	<u>40'</u> Feet	Setback from the Lake (ordinary high-water mark)	<u>375'</u> Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	<u>150'</u> Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	<u>375'</u> Feet	Setback from Wetland	Feet
Setback from the West Lot Line	<u>500</u> Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	<u>400</u> Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	<u>1500</u> Feet	Setback to Well	<u>1500</u> Feet
Setback to Drain Field	<u>1500</u> Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>16-0017</u>	Permit Date: <u>7-26-16</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <u>Search, Staked & marked</u>				
Date of Inspection: <u>7-20-16</u>	Inspected by:			
Conditions(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No –(if No they need to be attached.)				
<u>NOT for human habitation. No. No under provisions</u>				
Signature of Inspector: <u>Stark</u>				Date of Approval: <u>7-25-16</u>
Hold For Sanitary: <input type="checkbox"/> _____	Hold for TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____

County, WI



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BUILDING SIZE

34W x 80L x 12H

RECEIVED
JUL 06 2016
Bayfield Co. Zoning Dept.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date RECEIVED
JUL 11 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0218
Date: 7-26-16
Amount Paid: \$175
Refund: 7-26-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Anthony & Jane Sobotta	Mailing Address: P.O. Box 36	City/State/Zip: Ladef, WI 54749	Telephone: 715.942.0875
Address of Property: 55245 Little Island Rd	City/State/Zip: Barnes, WI 54873	Contractor Phone: Plumber:	Cell Phone: 715.497.4143
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-245-04-13-400-147-10000	Recorded Document: (i.e. Property Ownership) Volume 1144 Page(s) 524
Gov't Lot: 15	Lot(s):	CSM:	Vol & Page:
Section 17, Township 45 N, Range 9 W	Town of: Barnes	Lot Size:	Acreage:

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue -->	Distance Structure is from Shoreline: feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes--continue -->	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 6000.00	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Storage	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Res. Use Bldg	<input checked="" type="checkbox"/> Container/Per			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 20 ft	Width: 18 ft	Height: 9 ft
Proposed Construction: Container w/for part			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) Storage Container/for part	(20 X 18)	360
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance			
JUL 26 2016	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
Secretarial Staff	Other: (explain)	() X ()	

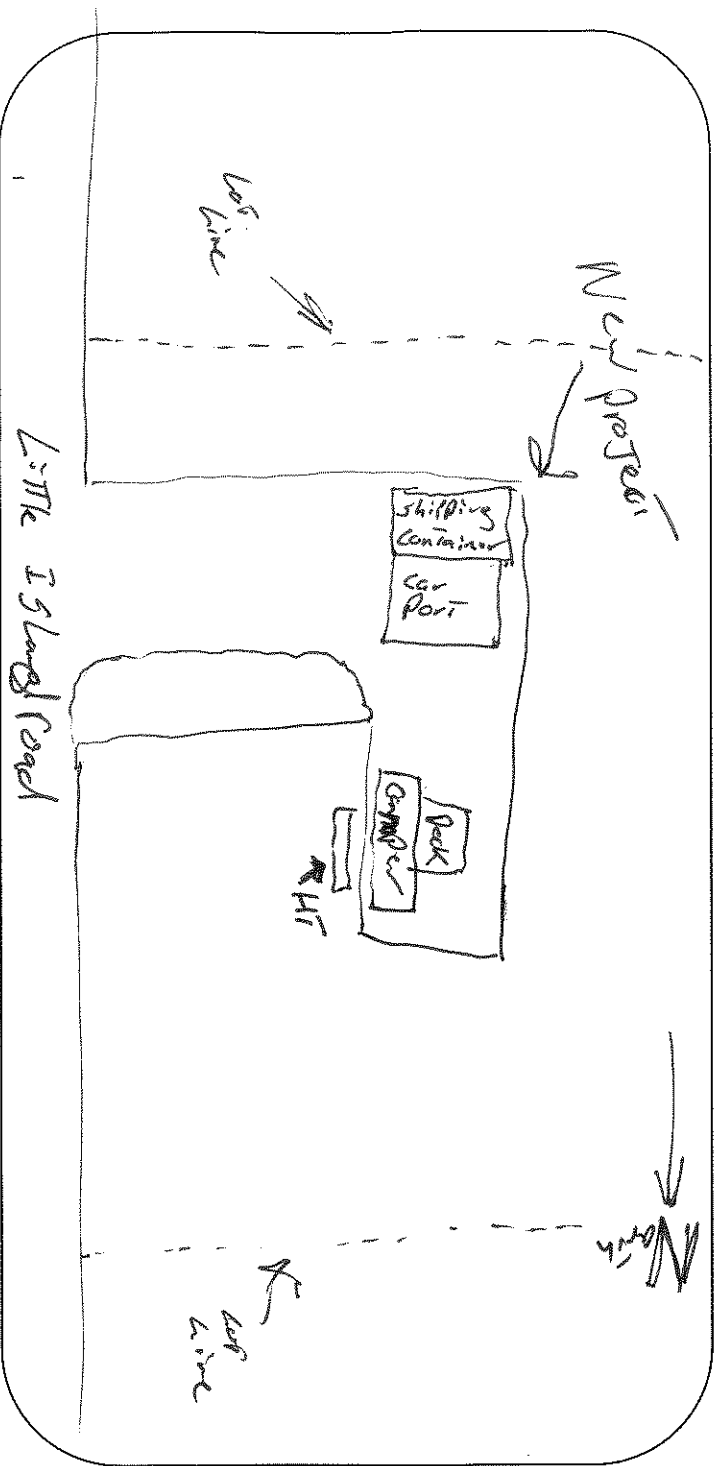
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jane Sobotta Date 7/6/2016
(If there are Multiple Owners, listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s)) a letter of authorization must accompany this application Date _____
Address to send permit P.O. Box 36 Ladef, WI 54749
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	90 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	120 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 16-0818		Permit Date: 7-26-16		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Used/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)
Granted by Variance (B.O.A.)		Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (R1)		
Date of Inspection: 7-25		Inspected by: JC		
Condition(s):		Date of Re-Inspection:		
Not for human habitation				
No water under pressure				
Signature of Inspector: [Signature]		Date of Approval: 10-25-16		
Hold For Sanitary: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received
JUN 24 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0884
Date: 7-28-16
Amount Paid: \$8887.00
Refund: \$0.00
REC'D SITE 4-1-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Thomas A. & Danel L. Menard	Mailing Address: 5110 Lake Road Barnes, WI 54873	City/State/Zip: Barnes, WI 54873	Telephone: 715-795-3464
Address of Property: 5110 Lake Road		City/State/Zip: Barnes, WI 54873	Cell Phone: 715-214-3839
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-004-2-44-09-03-305-004-13000	Recorded Document: (i.e. Property Ownership) Volume _____ Pages(s) _____
1/4, 1/4	Gov't Lot 4 Lot(s) A CSM 40 Vol & Page 2, 23 Lot(s) No. _____ Block(s) No. _____	Subdivision:	Lot Size 150' x 250' Acreage .93
Section 3 , Township 44 N, Range 9 W	Town of: Barnes		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes---continue →	Distance Structure is from Shoreline: 22 feet		
<input type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 46,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: existing, 18" x 24" drain, 18" x 24" manhole	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
		<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 31' x 6'	Width: 24' x 16'	Height: _____
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) Den, Bedroom, mud	(<input type="checkbox"/> X <input type="checkbox"/>)	384
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)		
<input type="checkbox"/> Municipal Assistance			
<input type="checkbox"/> Rec of Assistance			
JUL 28 2016			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

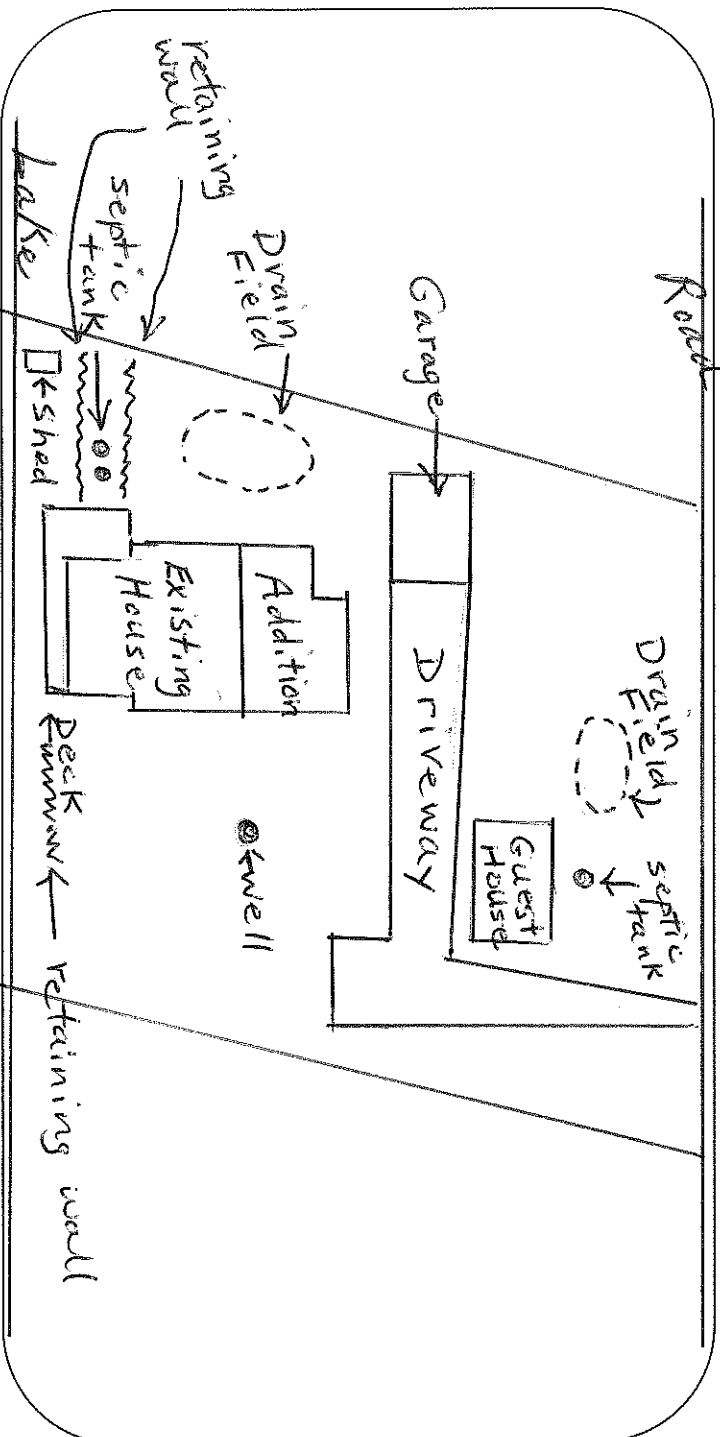
Owner(s): Thomas A. Menard Danel L. Menard Date 6/28/2016
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 5110 Lake Road, Barnes, WI 54873 Attach _____
Copy of Tax Statement

Sketch below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	137 Feet	Setback from the Lake (ordinary high-water mark)	71 Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River Stream, Creek	— Feet
Setback from the North Lot Line	175 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	71 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	37 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	94 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	12 Feet	Setback to Well	28 Feet
Setback to Drain Field	24 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 19239	# of bedrooms: 2	Sanitary Date: 7-2-93		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0084	Permit Date: 7-28-16					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed				
Inspection Record:	Zoning District (R1)					
Storm water plan in place already.	Lakes Classification (1)					
Date of Inspection: 6-28-16	Inspected by: J. Hanks	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (if No they need to be attached.)						
Must get CDC. M. Hanks already in place.						
Signature or Inspector: J. Hanks	Date: 7/28/16					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		